FORM NLRB-501 (2-18)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case	Date Filed		
18-CA-241774	May 20, 2019		

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in	which the alleged unfair labor practice occurred or is o LOYER AGAINST WHOM CHARGE IS BROUGHT	ccurring.
a. Name of Employer	- TENADAMOT WHOMOMANDE TO BROOM	b. Tel. No.
Monarch Healthcare Management (North Shore Estates)		Office: 507-625-8741
		c. Cell No. Mobile: 507-697-5674
		f. Fax. No.
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	
638 Southbend Ave Mankato, MN 56001	Josh Legum (CEO)	Josh@monarchmn.org
		h. Number of workers employed
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare Facility	j. Identify principal product or service Nursing Home (North Shore Estates, LLC)	
The above-named employer has engaged in and is engage	ging in unfair labor practices within the meaning of se	ection 8(a), subsections (1) and
(list subsections) 8(a)5	of the National La	bor Relations Act, and thest unfair labor
practices are practices affecting commerce within the mea	aning of the Act, or these unfair labor practices affect	ting commerce within the meaning of
the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise state	ment of the facts constituting the alleged unfair labor	r practices)
ratified by the bargaining unit. The Employer has, he has yet to review, suggest edits, OK, or sign.		The will be distill copy of the CDA which
<ol> <li>Full name of party filing charge (if labor organization, git Todd Michael Schmitz</li> </ol>	ve full name, including local name and number)	
4a. Address (Street and number, city, state, and ZIP code	)	4b. Tel. No.
SEIU Healthcare Minnesota		Office: 651-294-8188
345 Randolph Ave, Suite 100 St. Paul, MN 55102		4c. Cell No. Mobile: 651-747-7221
		4d. Fax No. 651-294-8200
		4e. e-mail todd.schmitz@seiuhcmn.org
5. Full name of national or international labor organization Service Employees International Union	of which it is an affiliate or constituent unit (to be filled	d in when charge is filed by a labor organization)
6. DECLA	ARATION	Tel. No.
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Office: 651-294-8188
Jodd Schut	Todd Schmitz, Internal Organizer	Office, if any, Cell No. Mobile: 651-747-7221
(signature of representative or person making charge)	(Printitype name and title or office, if any)	Fax No. 651-294-8200
Address 345 Randolph Ave Suite 100, St. Paul, M	N55102 Date May 20, 2019	e-mail todd.schmitz@seiuhcmn.org

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.